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Bib Data Sheet

CONFIRMATION NO. 7965

SERIAL NUMBER 09/464,685	FILING DATE 12/16/1999 RULE	CLASS 435	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. 5800-2B
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## APPLICANTS

MARIA ALEXANDRA GLUCKSMANN, LEXINGTON, MA;

MARTIN R. HODGE, ARLINGTON, MA;  
NADINE S. WEICH, BROOKLINE, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/324,465 06/02/1999  
which is a CIP of 09/088,857 06/02/1998 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/03/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	DRAWING 7	CLAIMS 26	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

INTELLECTUAL PROPERTY GROUP  
 MILLENNIUM PHARMACEUTICALS, INC  
 75 SIDNEY STREET  
 CAMBRIDGE, MA  
 02139

## TITLE

2871 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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Washington, D.C. 20231

SERIAL NUMBER 09/464,685	FILING DATE 12/16/1999 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 5800-2B
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**APPLICANTS**

MARIA ALEXANDRA GLUCKSMANN, LEXINGTON, MA ;  
MARTIN R. HODGE, ARLINGTON, MA ;  
NADINE S. WEICH, BROOKLINE, MA ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/324,465 06/02/1999  
WHICH IS A CIP OF 09/088,857 06/02/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED ..**

\*\* 02/03/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Allowance Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MA	7	26	3

**ADDRESS**

826

**TITLE**

2871 RECEPTOR, A NOVEL G-PROTEIN COUPLED RECEPTOR

FILING FEE RECEIVED 998	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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